SUMMARY SHEET

	Change in Company's premium or rat	e level produced by rate revision effective	03/01/2015
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		<u></u>
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	2,503	-0.3%
10.	Extended Coverage	3,632	-0.3%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
_	Line of Insurance		
30.00	filing only apply to cartain territory (to	erritories) or certain classes? If so, specify:	
No	· · · · · · · · · · · · · · · · · · ·	entiones) of certain classes? If so, specify.	
INU			

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revision as follows to Equipment Breakdown Coverage:

- •Move Apartments from Group 2 to Group 1.
- •Change the name of Apartments to Habitational.
- •Under Group 1 change the name of Mercantile to Retail.
- •Under Group 2 change the name of Fuel Oil to Transportation, Food Delivery to Mobile Food Service, Vehicle Service, to Vehicle Dealers & Service, Contractors to Contractors All Other and Mercantile/Wholesale to Wholesale.
- •Under Group 3 change the name of Industrial/Processing to Heavy Industrial.
- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

All America Insurance Co.

Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst,
Official - Title

Change in Company's premium or rate level produced by rate revision effective		10/1/2013	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial		<u></u>	
Automobile Physical Damage Private Passenger Commercial			
Liability Other Than Auto			
Burglary and Theft			
5. Glass		<u> </u>	
6. Fidelity			
7. Surety 8. Boiler-and-Machinery — — — —			
Boiler-and-Machinery 9. Fire	\$37,974	0.4%	
10. Extended Coverage		5.176	
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows r Group filling to adopt ISO loss cost revision (CF-20	ates of an advisory organization, specify organiza		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rates. American G	uarantee & Liability	
		of Company	
	Gary Shook - Vice President		
	,, 	icial – Title	

Change in Company's premium or rate le	vel produced by rate revision effective	10/1/2013
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$1,066,118	1.6%
10. Extended Coverage		<u> </u>
11. Inland Marine		
12. Homeowners	<u> </u>	
13. Commercial-Multi-Peril		
14. Crop Haîl.		
15. OtherLine of Insurance		
Line of insurance		
Does filing only apply to certain territory /	erritories) or certain classes? If so, specify:	No
boes filling offiny apply to certain territory (i	eritiones) of certain classes: it so, specify.	140
Brief description of filing. (If filing follows r Group filling to adopt ISO loss cost revision (CF-20	ates of an advisory organization, specify organiza	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level when the change in Company's premium level when the change is a second company.	nich will result from application of new rates.	
	American 7	rich Insurance Co.
		of Company
	Gary Shook - Vice President	
		cial – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2015

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9: Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance	(territories) or certain classes? If so, specify:	-2.30% No.
Brief description of filing. (If filing follows	rates of an advisory organization, specify org	ganization): adoption of Loss Cost filing
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. which will result from application of new rates.	
	AmTrust Insurance Company of	of Kansas
	Na	ame of Company
	Howard Montgomery, Compliar	nce Manager, Rates and Forms

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	(1)	(2)	(3)
-	(1)	Annual Premium	Percent
-	Coverage	 Volume (Illinois) * 	Change (+or-) **
1.	Automobile Liability Private		**
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		- •
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6	Fidelity ————		Administration of the second o
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$78,921	-2.3%
10.	Extended Coverage		
11. 12.	Inland Marine		**************************************
13.	Homeowners		
14.	Cross Heil	Name - Annual training and a second s	
15.	Crop Hail Other		
13.	Line of Insurance		
	Line of modifice		
	Does filing only apply to certa	ain territory (territories) or	certain
	Classes? If so,	adapting the ISO Commerci	al Fire And Allied Lines Loss Cost fo
			ai File Alia Aliea Lilles Loss Cost lo
	all Commercial Property territories and class		
	Brief description of filing. (If f	lling follows rates of an a-	avisory
	Organization, specify organization):	We are adopting the ISO	Commercial Fire And Allied Lines
	Loss Cost in CF-2014-RLA1	770 did ddopang tro 100 s	
	2030 0031 III 01 2011 11217		
	*Adjusted to reflect all prior ra	ate changes.	
	**Change in Company's prem		It from application of new
	rates.		, ,
		Berkley National In	surance Company
			me of Company
			egulatory Technology Analyst
		(Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	- Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	444 <u>-4</u>	
6.	Fidelity		
-7	Surety		
8. 9.	Boiler and Machinery	A-7.000	
9. 10.	Fire	\$57,602	-2.3%
10.	Extended Coverage Inland Marine		
12.	Homeowners	<u>,</u>	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		4-1-14-14-14-14-1
•	Does filing only apply to certa Classes? If so, specify: No, we all Commercial Property territories and class	are adopting the ISO Commerci	certain al Fire And Allied Lines Loss Cost for
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify		
	organization):	We are adopting the ISO	Commercial Fire And Allied Lines
	Loss Cost in CF-2014-RLA1		
	*Adjusted to reflect all prior ra **Change in Company's premates.	nium level which will resu	It from application of new
			me of Company
			Regulatory Technology Analyst
			Official – Title

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
٠. 5.	Glass	· · · · · · · · · · · · · · · · · · ·	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	35,829	-0.3%
10.	Extended Coverage	51,984	-0.3%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.—	Crop Hail		
15.	Other		
	Line of Insurance		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revision as follows to Equipment Breakdown Coverage:

- •Move Apartments from Group 2 to Group 1.
- •Change the name of Apartments to Habitational.
- •Under Group 1 change the name of Mercantile to Retail.
- •Under Group 2 change the name of Fuel Oil to Transportation, Food Delivery to Mobile Food Service, Vehicle Service, to Vehicle Dealers & Service, Contractors to Contractors All Other and Mercantile/Wholesale to Wholesale.
- •Under Group 3 change the name of Industrial/Processing to Heavy Industrial.
- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Central Mutual Insurance Co
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst,
Official - Title

Section

Form (RF-3)

	Change in Company's premium or rate level proc	luced by rate revision effective	10/1/2013
(€	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
- - - - - - - - - - - - - - - - - - -	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft		
(- 	5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery		
() E () E	9. Fire 10. Extended Coverage	\$960	-2.7%
E, E	15. Other Line of Insurance Does filing only apply to certain territory (territorie	es) or certain classes? If so, specify:	No
. If S. F	Brief description of filing. (If filing follows rates of Group filling to adopt ISO loss cost revision (CF-2014-RLA1)		
l. (5. (*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will	result from application of new rates.	
			nd Marine Insurance Co. ne of Company
		Gary Shook - Vice President	Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/15

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	2,991,847	0.4%
10.	Extended Coverage	Included in 9	-0.4%
14.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (to		, specify:
	ef description of filing. (If filing follows references	ates of an advisory organization,	specify organization):
* C	Adjusted to reflect all prior rate char change in Company's premium level whill result from application of new rates.	nich Federated Mutual I	nsurance Company ne of Company Abyli Glin
			official - Title

Change in Company's premium or ra	te level produced by rate revision effective 4/1/20)15
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Eire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other 	1.924.828	-2.30%
	ory (territories) or certain classes? If so, specify:	No.
Brief description of filing. (If filing follo CF-2014-RLA1	ows rates of an advisory organization, specify organization	anization): adoption of Loss Cost filing
*Adjusted to reflect all prior rate char **Change in Company's premium lev	nges. el which will result from application of new rates. First Nonprofit Insurance Con	nnany
		ime of Company
		ance Manager, Rates and Forms Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2015

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage		
۷.	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	179,357	-2.30%
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril Crop Hail		
	Other		
15.	Line of Insurance		
	Effe. Of Altsurance		
Brie		territories) or certain classes? If so, specify: rates of an advisory organization, specify org	No. ganization): adoption of Loss Cost filing
	justed to reflect all prior rate changes nange in Company's premium level w	hich will result from application of new rates.	
		Milwaukee Casualty Insurance	Company
		Na	ime of Company
		Howard Montgomery, Complian	nce Manager, Rates and Forms
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2015 (1)(2)(3)**Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto **Burglary and Theft** 4. Glass 5. Fidelity 6. 7. Surety 8. Boiler and Machinery 9. Fire -2.30% 472,374 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other -Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing, (If filing follows rates of an advisory organization, specify organization): adoption of Loss Cost filing CF-2014-RLA1

Security National Insurance Company

Name of Company

Howard Montgomery, Compliance Manager, Rates and Forms

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

-	(1)	(2)	(3)
-	Coverage	Annual Premium - Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
_	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
	Gommercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5.	Glass		
<u>6</u> .	Fidelity		
<u>7. </u>	Surety		
3.	Boiler and Machinery		
9.	Fire	\$141,018	-2.3%
10.	Extended Coverage		
11.	Inland Marine		Charles and the second of the
12.	Homeowners		
13.	Commercial Multi-Peril		\4
14.	Crop Hail	THE PARTY OF THE P	
15.	Other		
	Line of Insurance		
•	Does filing only apply to certa	ain territory (territories) o	r certain
	Classes? If so,	,	
	specify: No, we	are adopting the ISO Commerc	cial Fire And Allied Lines Loss Cost fo
	all Commercial Property territories and cla	sses.	
	Brief description of filing. (If f	iling follows rates of an a	advisory
	Organization, specify		
	organization):	We are adopting the ISO	Commercial Fire And Allied Lines
	Loss Cost in CF-2014-RLA1		
	*Adjusted to reflect all prior ra **Change in Company's pren		ult from application of new
	rates.		
		StarNet Insurance	
			ame of Company
		Michala Snaidal - I	Regulatory Technology Analyst

Official - Title

Ch	ange in Company's premium or rate le	vel produced by rate revision effective 4/1/20	15
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other	3,090	-2.30%
Brie		territories) or certain classes? If so, specify:	No. nization): adoption of Loss Cost filing
	ljusted to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates. <u>Technology Insurance Compa</u> Nar	ny ne of Company nce Manager, Rates and Forms
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2015

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>					
Automobile Liability Private							
Passenger Commercial	<u></u>						
 Automobile Physical Damage Private Passenger Common 	ercial						
Liability Other Than Auto							
4. Burglary and Theft							
5. Glass							
6. Fidelity							
7. Surety							
8. Boiler and Machinery							
9. Fire	508,488	-2.30%					
10. Extended Coverage							
14Inland-Marine							
12. Homeowners							
13. Commercial Multi-Peril	•						
14. Crop Hail							
15. Other							
Line of Insurance							
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): adoption of Loss Cost filing							
CF-2014-RLA1							
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.							
	WESCO Insurance Company						
	Name of Company						
	Howard Montgomery, Comp	liance Manager, Rates and Forms					
		Official – Title					

Change in Company's premium or rate level produced by rate revision effective			10/1/2013			
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>			
1.	Automobile Liability Private					
2.	Passenger Commercial Automobile Physical Damage					
_	Private Passenger Commercial					
3.	Liability Other Than Auto					
4.	Burglary and Theft					
5.	Glass					
6. 7.	Fidelity					
7. 8.	Surety Reiler and Machinen					
9_	Boiler and Machinery	\$404	-2.1%			
	Extended Coverage	- 4404	-2.170			
	Inland Marine					
	Homeowners					
	Commercial Multi-Peril					
	Crop Hail.					
	Other ————					
	Line of Insurance					
Dog	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	No No			
		ites of an advisory organization, specify organiza	ation):			
Grou	up filling to adopt ISO loss cost revision (CF-201	4-RLA1).				
** -						
	justed to reflect all prior rate changes.	ish will result from application of pay rates				
C	nange in Company's premium level wh	ich will result from application of new rates.				
	Zurich American Insurance Co. Of IL					
	Name of Company					
		Name	or Company			
		Gary Shook - Vice President				
			cial – Title			
		0	The second secon			

Change in Company's premium or rate level produced by rate revision effective			11/18/2014			
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>			
1.	Automobile Liability Private					
2,	Passenger Commercial					
۷,	Automobile Physical Damage Private Passenger Commercial					
3.	Liability Other Than Auto					
	Burglary and Theft					
	Glass	-				
6.	Fidelity					
	Surety					
8	Boiler and Machinery					
	Fire	\$60,209	-2.1%			
	Extended Coverage					
	Inland Marine					
	Homeowners					
	Commercial Multi-Peril					
	Crop Hail.					
-1 -1-1	Other Line of Insurance					
	Ente of histiance					
Doe	s filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	No			
	o ming only apply to contain terms, (a					
	description of filing. (If filing follows rapidling to adopt ISO loss cost revision (CF-201	ates of an advisory organization, specify organiz 4-RLA1).	zation):			
	usted to reflect all prior rate changes. ange in Company's premium level wh	ich will result from application of new rates.				
	Zurich American Insurance Co.					
		Name of Company				
		Con Cheek Man Provident				
		Gary Shook - Vice President	ficial – Title			
		Un	noiai — i liit			